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Bib Data Sheet

CONFIRMATION NO. 1919

|   |   |                                   |   |                                    |
|---|---|-----------------------------------|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>08/888,202  | <b>FILING OR 371(c)<br/>DATE</b><br>07/07/1997<br><b>RULE</b>   | <b>CLASS</b><br>514               | <b>GROUP ART UNIT</b><br>1642   | <b>ATTORNEY<br/>DOCKET NO.</b>     |
| <b>APPLICANTS</b><br>JULIO L. PIMENTEL, BUFORD, GA;   |   |                                   |   |                                    |
| ** CONTINUING DATA *****  |   |                                   |   |                                    |
| ** FOREIGN APPLICATIONS *****   |   |                                   |   |                                    |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **<br>** 10/23/1997   |   |                                   |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>GA | <b>SHEETS<br/>DRAWING</b>   | <b>TOTAL<br/>CLAIMS</b><br>25      |
|   |   |                                   |   | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>021590  |   |                                   |   |                                    |
| <b>TITLE</b><br>DECREASED FAT ABSORPTION WITH AN ANTI-LIPASE ANTIBODY   |   |                                   |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>494   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |